

The Leonard Medical Science Scholarship

The Leonard Medical Science Scholarship is available to graduating seniors who plan to pursue a medical or dental degree. There are two levels of the award that are determined by the following criteria.

Designated Level (\$1,000)

The applicant must have a competitive grade point average in both science and non-science courses and show evidence of extra-curricular achievement. He/she must have been admitted to an accredited four-year college or university.

Scholarship Level (\$1,500)

To receive the award the designee must be enrolled in an accredited medical or dental school with the goal of becoming a professional medical or dental care provider.

How To Apply

Applicants must submit an application, along with documentation required to support the application. The applicant's school counselor must provide certain information requested on the counselor's form.

Application Deadline

The deadline for all materials, including the counselor's form, is **April 15** of each year.

**For further information, please contact Victor Bruinton Scholarship Chairman, Omega Psi Phi Fraternity. E-mail: vbruinton@nc.rr.com
Telephone (919) 845-1624.**

**Iota Iota Chapter – Omega Psi Phi Fraternity, Inc.
Post Office Box 27353
Raleigh, NC 27611**

Leonard Medical Science Scholarship

To be completed by the student's counselor

Student's Name: _____ Last First

Middle

Social Security Number: _____

This student ranks _____ in a class of _____ students and has a cumulative grade point (GPA) average of _____. The GPA covers the student's high school record through _____.

(Month/Year)

Counselor's Name : _____

Last First Middle

School: _____

School Address: _____

City State Zip

Office Telephone Number(s): _____

Counselor's Signature Date

Please attach a copy of the student's transcript, including SAT scores and other pertinent information. Mail to:

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Leonard Medical Science Scholarship Application

Name: _____

Last First Middle

Address: _____

City State Zip Code

Telephone Number: _____ Date of Birth: _____

Social Security Number: _____ Sex: _____

Name of High School: _____

Planned graduation date: _____

List any Academic honors (including honorary societies) awards, special scholarships or other recognitions you have received in high school.

List your extracurricular activities, hobbies, and special interests. Indicate any leadership positions held.

Indicate your health career interest(s). If more than one, number in order of interest.

_____ Dentistry _____ Medicine _____ Other, list _____

Have you ever been suspended or expelled from any school for disciplinary reasons?

_____ Yes _____ No

Have you ever been arrested for, or convicted of, any criminal offense other than a traffic violation?

_____ Yes _____ No

If you answered yes to any of the above questions, please explain.

To complete your application you must:

- 1. Attach an essay (500 words or more) which describes yourself and the reasons you want to pursue a career in medicine or dentistry.**
- 2. Ask your counselor to mail your high school transcript, including SAT scores and class rank to us by April 15 of each year.**
- 3. Mail this application to: Iota Iota Chapter - Omega Psi Phi Fraternity, Inc.
Leonard Medical Science Scholarship
Post Office Box 27353
Raleigh, NC 27611**

Student's Signature Date
